The state of the s
ARIZONA STATE BOARD OF HEALTH
District of ALTAL BUREAU OF VITAL STATISTICS State Index No.
ORIGINAL CERTIFICATE OF BIRTH County Registrar No.
Town of A Local Registrar No.
Oily of Cily birth occurred into hospital of institution, give its NAME instead of street and number)
2. Pull name of child there there is the state of the sta
3. Sex of Child To be answered ONLY 1. Twin, triplet or other 6. legitimate 7. Date of birth Worth day was
Built malden name
Full name ( Isre & Sough & Sannah & Celle,
9. Residence (Usual place of abode) Legal, (I nonresident, give place and state
If nonresident, give place and state
10. Cotor of race White 11. Age at last birthday 30 (Years) White 17. Age at last birthday 20(Years)
12. Birthplace (city or place)  (State or country)
(State or country)
13. Occupation Nature of industry Nature of industry
20. Number of children of this mother (a) Born alive and now living.  21. Were precautions taken against photostation to the limit propagation of the living people to the living people are the livin
20. Number of children of this mother (Taken as of time of birth of child herein (b) Born alive and now living that thairms neonatorum? (Taken as of time of birth of child herein (b) Born alive but now dead certified and including this child.) (c) Stillbern
CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFF
I hereby certify that I attended the birth of this child, who was (Born alive or stillbarn.)
owhen there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child (Physician or midwife)
levidences of life after birth.  Address  Niven name added from
Segustrar, Month, day, year.
County Registrar.